

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 200
Registered No. 211

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 4101 Kent St - Miami, A. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leonard Calvin Sanders { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 7. Date of birth Apr. 30 - 1929
Month _____ Day _____ Year _____

8. FATHER Full name Leonard Fythias Sanders 14. MOTHER Full maiden name Nellie Jones

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 16. Color or race Cauc. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Chihuahua Mex. 18. Birthplace (city or place) Sonora Mex.
(State or country)

13. Occupation Nature of Industry Mining 19. Occupation Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 a.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report _____ Month, day, year _____

Address Miami, Arizona

Filed May 12, 1929 Registrar

Registrar

322 - 430 - 512